from the North Carolina *Health Statistics Pocket Guide, 2001**, were used to join counties together that had similar characteristics, such as the percent of the county's population enrolled in Medicaid. For these multi-county groups the aim was to achieve a high degree of commonality or homogeneity between counties, regarding social and economic conditions. In the end, these 13 multi-county strata contained as few as three counties in the Piedmont region (Chatham, Lee, and Moore), or as many 15 counties in the Mountain AHEC region (Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey).

Third, two strata were formed from census tracts in (1) Graham, Jackson, and Swain counties in the mountains, and (2) Hoke and Scotland counties in the southeast, that contained a high proportion of American Indian households. Thus, the 37 strata were derived: 22 individual counties, 13 multi-county groups, and 2 census tract clusters.

Questionnaire

The 2005 BRFSS questionnaire contained about 200 questions. The **Core Component** of the questionnaire, a CDC-designated set of standard questions asked by all states, contained 82 questions. The **Optional CDC Modules** section, which are CDC-designed sets of questions on specific topics (e.g., cardiovascular disease, oral health), contained 50 questions. And the final section of the questionnaire, known as the **State-Added** section, contained 69 questions. The State-Added section occurs at the end of the questionnaire and is reserved for states to ask questions that are specific to the public health priorities or needs of those states.

Most respondents were asked fewer than half of the 200 questions that were included in the 2005 questionnaire. Persons who are young, those with no health problems such as asthma, or non-smokers or non-drinkers are groups likely to receive the fewest number of questions since many questions will be skipped. For this 'healthy' group the average time to complete an interview is about 10 minutes; for the 'unhealthy' group, e.g., older adults with diabetes, the interview may take as long as 20 to 25 minutes to complete.

In 2005, the North Carolina BRFSS collaborated with researchers from the University of North Carolina at Chapel Hill on the topic of health care access: 12 questions were added to the survey for this purpose. A second collaborative venture occurred with researchers from the University of Florida Health Sciences Center at Gainesville, Florida, on the topic of care giving for persons with a long term illness or disability: 11 questions were added to the survey for this study.

The detailed North Carolina BRFSS questionnaires can be accessed at: http://www.schs.state.nc.us/SCHS/brfss/questions.html.

Data Weighting

The final BRFSS sample data are weighted to adjust for unequal probabilities of selection due to the disproportionate sampling method and due to people living in households with different numbers of telephones and different numbers of adults. The final sample data are also weighted to account for unequal non-response rates among different demographic groups. For example, if white females ages 65 and older were 8 percent of the sample respondents, but this group was 6 percent of the total population of the state, then a factor of 0.75 would be entered into the last weighting process for these respondents to account for this discrepancy. One might expect this group to be more likely to be at home and more likely to have a telephone than some other demographic groups, and therefore more likely to complete an interview. Thus the weighting procedure makes the BRFSS data more representative of the total population of adults in the state. All of the percentages shown in the main tables of this report were calculated using the weighted data.

*See web site (http://www.schs.state.nc.us/SCHS/data/pocketguide/2001).